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PTO/SB/01 (12-97)  
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b> 24919A	
	<b>First Named Inventor</b> Graham	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	Unknown /
	<b>Filing Date</b>	Herewith
	<b>Group Art Unit</b>	Unknown
	<b>Examiner Name</b>	Unknown

☒ Declaration Submitted with Initial Filing      **OR**      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Exterior Panels Containing Algae-Inhibiting Properties**

the specification of which (Title of the Invention)

☒ is attached hereto  
**OR**  
☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Inger H. Eckert	38,017		
Stephen W. Barns	38,037		
Anthony Chi	41,479		
James J. Dottavio	40,360		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☒ Customer Number  OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
William David	Graham

Inventor's Signature					Date	10/9/00	
Residence: City	Granville	State	OH	Country	US	Citizenship	US
Post Office Address	3663 Goose Lane						
Post Office Address							
City	Granville	State	OH	ZIP	43023	Country	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Daniel Nelson				Leavell			
Inventor's Signature	<i>Daniel N. Leavell</i>			Date	10/4/00		
Residence: City	Granville	State	OH	Country	US	Citizenship	US
Post Office Address	234 West Elm Street						
Post Office Address							
City	Granville	State	OH	ZIP	43023	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
David George				Miller			
Inventor's Signature	<i>David G. Miller</i>			Date	29 Sept 2000		
Residence: City	Pickerington	State	OH	Country	US	Citizenship	US
Post Office Address	12467 Teal Lane						
Post Office Address							
City	Pickerington	State	OH	ZIP	43147	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Margaret Mary				Woodside			
Inventor's Signature	<i>Margaret Mary Woodside</i>			Date	9/28/00		
Residence: City	Pickerington	State	OH	Country	US	Citizenship	US
Post Office Address	7760 Tumwater Valley Court						
Post Office Address							
City	Pickerington	State	OH	ZIP	43147	Country	US

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Carla Ann				Miller			
Inventor's Signature	<i>Carla Ann Miller</i>					Date	10/10/00
Residence: City	Newark	State	OH	Country	US	Citizenship	US
Post Office Address	1684 West Main Street						
Post Office Address							
City	Newark	State	OH	ZIP	43055	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David Paul				Aschenbeck			
Inventor's Signature	<i>David Paul Aschenbeck</i>					Date	28 Sept 00
Residence: City	Newark	State	OH	Country	US	Citizenship	US
Post Office Address	476 Granville Street						
Post Office Address							
City	Newark	State	OH	ZIP	43055	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
James Spray				Belt			
Inventor's Signature	<i>James Spray Belt</i>					Date	10/2/00 dnh
Residence: City	Utica	State	OH	Country	US	Citizenship	US
Post Office Address	19290 Utica Road						
Post Office Address							
City	Utica	State	OH	ZIP	43080	Country	US

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